

1375

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 107

Registrar's No. 37
Morris Squibb Hoop

1. Place of Death: (a) County Gravson (b) City or Town Safford (c) Location Morris Squibb Hoop
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 16 Hours; In Community 18 yrs; In Arizona 18 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Gravson; (c) City or Town Safford
(If outside city limits also write RURAL)

(d) Street No. _____; (e) City of foreign country (Yes or No) _____
If Yes, which country _____

3. (a) FULL NAME John Luke (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5 Race White 6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased Jan. 15 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 1 If less than one day hrs. _____ min. _____

9. Birthplace Utah
(City, town or county) (State or Country)

10. Usual Occupation Smelter

11. Industry or Business _____

12. Name Jane Luke

13. Birthplace Utah
(City, town or county) (State or Country)

14. Maiden Name Millie Albed

15. Birthplace Utah
(City, town or county) (State or Country)

16. (a) Informant's own signature Viva D. Morris

(b) Address Safford Ariz

17. (a) Burial, Cremation or Removal Burial

(b) Place Hatcher Ariz (c) Date June 18 1944

18. (a) Embalmer's Signature _____

(b) Funeral Director W. C. Rawson

(c) Address Safford

19. (a) July 19th 1944
(b) V. Stralton
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 16 1944
TIME (Hour and minute) 10-45 P. M.

21. I hereby certify that I attended the deceased from June 16
1944 to June 16 1944

that I last saw him alive on June 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchial Pneumonia 3 yrs

Due to Cardiac decompensation

Due to Chronic myocarditis 1 yr

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature F. W. Butler M. D.
Address Safford Ariz Date signed 6-20-44